


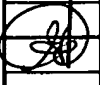
List of Patents and Publications for Information Disclosure Statement

Applicant(s): Paul T. Van Gompel et al.
 Serial No.: 10/750,402
 Filed: December 31, 2003

Docket No.: 19577
 Group: 3761
 Examiner: G. Chapman

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U.S. Patent Documents						
Initials	Doc. No.	Date	Name	Class	Subclass	Filing Date
	A1	4,808,176	02/1989	Kielpikowski		
	A2	4,834,736	05/1989	Boland et al.		
	A3	6,264,639	07/2001	Sauer		
	A4	6,572,598	06/2003	Ashton et al.		
	A5					
	A6					
	A7					
	A8					
	A9					
	A10					

Foreign Patent Documents								
Initials	Doc. No.	Date	Country	Class	Subclass	Trans.		
						Yes	No	
	A1	WO 2004/108041	A1	12/2004	World - PCT	<input type="checkbox"/>	<input type="checkbox"/>	
	A2	not supplied in HPW				<input type="checkbox"/>	<input type="checkbox"/>	
	A3					<input type="checkbox"/>	<input type="checkbox"/>	
	A4					<input type="checkbox"/>	<input type="checkbox"/>	
	A5					<input type="checkbox"/>	<input type="checkbox"/>	
	A6					<input type="checkbox"/>	<input type="checkbox"/>	

Other Documents	
Initials	Author, Title, Date, Pages, etc.
A1	
A2	
A3	
A4	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include a copy of this form with your next communication.

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Serial No.: 10/750,402
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SEP 21 2005

U.S. Patent Documents							
Initials		Doc. No.	Date	Name	Class	Subclass	Filing Date
	A1	2005/0148975	07/2005	Van Gompel et al.			
	A2	2005/0148976	07/2005	Van Gompel et al.			
	A3	2005/0148977	07/2005	Van Gompel et al.			
	A4						
	A5						
	A6						
	A7						
	A8						
	A9						
	A10						

Foreign Patent Documents								
Initials		Doc. No.	Date	Country	Class	Subclass	Trans.	
							Yes	No
	A1						<input type="checkbox"/>	<input type="checkbox"/>
	A2						<input type="checkbox"/>	<input type="checkbox"/>
	A3						<input type="checkbox"/>	<input type="checkbox"/>
	A4						<input type="checkbox"/>	<input type="checkbox"/>
	A5						<input type="checkbox"/>	<input type="checkbox"/>
	A6						<input type="checkbox"/>	<input type="checkbox"/>

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A2	
A3	
A4	
A5	
A6	

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